

Call (262) 544-8280 or  
1-800-422-5220  
INDEPENDENT  
INSPECTIONS, LTD.

# WI UNIFORM PERMIT APPLICATION

PERMIT NO.

TAXKEY#

## ISSUING MUNICIPALITY

☐ TOWN ☐ VILLAGE ☐ CITY  
OF \_\_\_\_\_  
COUNTY: \_\_\_\_\_

**PROJECT LOCATION**  
(Building Address)

**PROJECT DESCRIPTION**

☐ COMMERCIAL ☐ ONE & TWO FAMILY

Owner's Name \_\_\_\_\_ Mailing Address - Include City & Zip \_\_\_\_\_ Telephone - Include Area Code \_\_\_\_\_

Construction Contractor (DC Lic No.) \_\_\_\_\_ Mailing Address - Include City & Zip \_\_\_\_\_ Telephone - Include Area Code \_\_\_\_\_

Dwelling Contractor Qualifier (DCQ Lic No.) \_\_\_\_\_ Dwelling Contractor Qualifier shall be an owner, CEO, COB, or employee of Dwelling Contractor \_\_\_\_\_ Telephone - Include Area Code \_\_\_\_\_

Plumbing Contractor (Lic No.) \_\_\_\_\_ Mailing Address - Include City & Zip \_\_\_\_\_ Telephone - Include Area Code \_\_\_\_\_

Electrical Contractor (Lic No.) \_\_\_\_\_ Mailing Address - Include City & Zip \_\_\_\_\_ Telephone - Include Area Code \_\_\_\_\_

HVAC Contractor (Lic No.) \_\_\_\_\_ Mailing Address - Include City & Zip \_\_\_\_\_ Telephone - Include Area Code \_\_\_\_\_

## PROJECT INFORMATION

Subdivision Name

Lot No.

Block No.

Zoning District \_\_\_\_\_ Lot Area \_\_\_\_\_ Sq. Ft. N.S.E.W. \_\_\_\_\_ Front \_\_\_\_\_ Ft. Rear \_\_\_\_\_ Ft. Left \_\_\_\_\_ Ft. Right \_\_\_\_\_ Ft.

### 1a. PROJECT

☐ New ☐ Addition ☐ Raze  
☐ Alteration ☐ Repair ☐ Move  
☐ Other \_\_\_\_\_

### 3. TYPE

☐ Single Family  
☐ Two Family  
☐ Multi  
☐ Commercial

### 6. ELECTRICAL

Entrance Panel  
Size: \_\_\_\_\_ amp  
Service:  
☐ Underground  
☐ Overhead

### 9. HVAC EQUIPMENT

☐ Forced Air Furnace  
☐ Radiant Baseboard or Panel  
☐ Heat Pump  
☐ Boiler  
☐ Central Air Conditioning  
☐ Other \_\_\_\_\_

### 12. ENERGY SOURCE

Fuel	Nat. Gas	L.P.	Oil	Elec. *	Solid	Solar
Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* ☐ Dwelling unit will have 3 kilowatt or more installed electric space heater equipment capacity.

### 1b. GARAGE

☐ Attached ☐ Detached

### 4. CONST. TYPE

☐ Site Constructed  
☐ Mfd. UDC  
☐ Mfd. HUD

### 7. FOUNDATION

☐ Concrete  
☐ Masonry  
☐ Treated Wood  
☐ ICF  
☐ Other \_\_\_\_\_

### 10. PLUMBING

Sewer \_\_\_\_\_  
☐ Municipal  
☐ Septic No. \_\_\_\_\_

### 2. AREA

Basement \_\_\_\_\_ Sq. Ft.  
Living Area \_\_\_\_\_ Sq. Ft.  
Garage \_\_\_\_\_ Sq. Ft.  
Other \_\_\_\_\_ Sq. Ft.  
TOTAL \_\_\_\_\_

### 5. STORIES

☐ 1-Story  
☐ 2-Story  
☐ Other \_\_\_\_\_

### 8. USE

☐ Seasonal  
☐ Permanent  
☐ Other \_\_\_\_\_

### 11. WATER

☐ Municipal Utility  
☐ Private On-Site Well

### 13. HEAT LOSS (Calculated)

Total \_\_\_\_\_ BTU//HR

### 14. ESTIMATED COST

\$ \_\_\_\_\_

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit created no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate. **Have Permit/Application number and address when requesting inspections. Call (262) 544-8280 or 1-800-422-5220. Give at least 24 hours notice on all inspections.**

**SIGNATURE OF APPLICANT** \_\_\_\_\_

**DATE** \_\_\_\_\_

## APPROVAL CONDITIONS

This permit is issued pursuant to the attached conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Owner/Builder solely responsible for compliance with all applicable State & Local Building and Zoning codes.

**INSPECTIONS NEEDED** Building ☐ Footing ☐ Foundation ☐ Rough ☐ Insulation ☐ Bsmt. Fl. ☐ Final  
Electric ☐ Rough ☐ Service ☐ Final **Plumbing** ☐ Rough ☐ Underfloor ☐ Final **HVAC** ☐ Rough ☐ Final

### FEES:

### PERMIT(S) ISSUED

SEAL NO. \_\_\_\_\_

Municipality No. \_\_\_\_\_

Building Fee \_\_\_\_\_  
Zoning Fee \_\_\_\_\_  
WI Seal \_\_\_\_\_  
Electric Fee \_\_\_\_\_  
Plumbing Fee \_\_\_\_\_  
HVAC Fee \_\_\_\_\_  
Adm. Fee \_\_\_\_\_  
Other \_\_\_\_\_  
Total \_\_\_\_\_

Bldg. # At top of form  
Zoning # \_\_\_\_\_  
Elec. # \_\_\_\_\_  
Plmb. # \_\_\_\_\_  
HVAC # \_\_\_\_\_

### RECEIPT

CK # \_\_\_\_\_  
Amount \$ \_\_\_\_\_  
Date \_\_\_\_\_  
From \_\_\_\_\_  
Rec By. \_\_\_\_\_

### PERMIT EXPIRATION:

Permit expires  
two years from  
date issued  
unless  
municipal  
ordinance is  
more restrictive.

### PERMIT ISSUED BY MUNICIPAL AGENT:

Name \_\_\_\_\_  
Date \_\_\_\_\_  
Certification No. \_\_\_\_\_